

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

101030

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
1					51				
2		1			52				
3		1			53				
4		1			54				
5		4		1	55				
6		1			56				
7		1			57				
8		1			58				
9		1			59				
10		1			60				
11		1			61				
12		1			62				
13		1			63				
14		1			64				
15		1			65				
16		1			66				
17		1			67				
18		1			68				
19		1			69				
20		1			70				
21		1			71				
22		1			72				
23		1			73				
24		1			74				
25		1			75				
26		1			76				
27		1			77				
28		1			78				
29		1			79				
30		1			80				
31		1			81				
32		1			82				
33		1			83				
34		1			84				
35		1			85				
36		1			86				
37		1			87				
38		1			88				
39		1			89				
40		1			90				
41		1			91				
42		1			92				
43		1			93				
44		1			94				
45		1			95				
46		1			96				
47		1			97				
48		1			98				
49		1			99				
50		1			100				
L		1			TOTAL IND.				
L		10			TOTAL DEP.				
L		10			TOTAL CLAIMS				
IS	19	19							